



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
12/6/05 1510	O: Laying in bed. Offers no cp. Eyes closed. Resp reg & easy. ^{LPK} Johnson on
1710	S: My last BM was 2 days ago. My back is hurting & I'm dizzy.
	O: Pupils are reactive to light. Ate 80% of supper tray. T99.2 BP 120/82 P-74 R-20 O ₂ Sat 97%. Stood for VS to be taken. Amb c steady gait. No facial grimaces noted. Lungs cl & bil. Bowel sound 4 x 4. Pelite. A: Alt in comfort.
	P/E Continued to monitor. Medicate. Johnson on
2000	O: Laying on left side c eyes closed. Resp reg & easy. Lying in fetal position on bunk bed. ^{LPK} Johnson on
2230	O: Repositioned. Resp reg & easy. No noted distress. Johnson on
2330	O: Lying on bunk covered c blank et. resp. reg & unbothered No distress noted. ^{LPK} Johnson on
0200	O: Resting on R side No resp. distress noted. ^{LPK} Johnson on
0310	O: Am med given VS taken 120/82 97 84 20 skin w/d. abd soft B & D - bilat breath sounds clear. Denies pain or discomfort. ^{LPK} Johnson on
0500	S: "I'm feeling much better" Ate 100% of diet & l med. No % Nov. ^{LPK} Johnson on



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
12-05-05 7 ³⁰ pm	(2) Remove all hazardous material (3) will see in Am. (A) Alteration in Comfort. (P) Place in seg cell lying flat on back (2) Remove all — hazardous material. (3) Will see in a.m.
8 ¹⁵ pm	(S) "Go GD to hell". These MF. They think it's a MF game." (O) B/M lying in a supine position NAP noted. (A) Alteration in comfort. (P) Cont to Monitor. ————— Jmassey Jr
8 ¹⁸ pm	(S) Low down MF (O) B/M lying on @ side & knees flexed. NAP noted. Inmate in a fetal position. ————— Jmassey Jr (A) Alteration in Comfort (P) Cont to Monitor ————— Jmassey Jr
9 ²⁰ pm	(O) lying on @ side in fetal position. Inmate ed educated on orders to lay on back. No statement — made. Inmate remains in @ side. ————— Jmassey Jr (P) Cont to Monitor ————— Jmassey Jr
9 ²⁵	(S) I need catheter because it hurt to lead to get up. — (O) B/M lying @ side in fetal position. NAP noted. Resp — even at unlabeled. Urinal given. Inmate re-educated to lay on back. Vocals understanding. Inmate very — hostile @ present. ————— Jmassey Jr (A) Alteration in Comfort (P) report to oncoming shift Jmassey Jr



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
12.05.05 5 ⁰⁰ pm	(3) I feel a little better. I haven't been eating — because these people trying to poison me. They gave me some phenergan for nausea and vomiting. I ate and have not throwed up. (4) B/M sitting ↑ on bunk — NAD noted. Skin w/o to touch. Resp even et full et unlabored. Abd soft — distention noted et non-tender. BS ⊕ x4 Temp 98° pulse 79 O ₂ Sat 97% Resp 20 B/p 120/74 (1) Alteration in comfort. (2) Cont to Monitor ————— J. Massey LP
6 ⁴⁰ pm	(5) I fell back and hurt my back. I have a sharp pain in my back. I can't move. (6) B/M lying on floor beside bunk in a supine position NAD noted. Inmate uncooperative. 1/5 B/p 120/84 pulse 87 temp 98 resp 20. Dr. Rayapati notified of Inmate Complaint. 1/0 given (1) Place on stretcher et transport ER et examine (2) Call report p finishing. Inmate assisted several people to mattress by log rolling. mattress placed on stretcher in ER. Examined p assist inmate in removing clothing. Inmate noted hold head up. Moving ↑ et ↓ extremities — difficulty. Inmate was able to cross leg anding in reposition on (6) side. Upon inspection of back skin intact. No bruising nor any visible signs of injury noted. MD notified as ordered. @ 7 ³⁰ pm (1) Place inmate seg cell lying flat on back —

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
Grayson, Sidner	224797	3-23-76	B/M	VCF

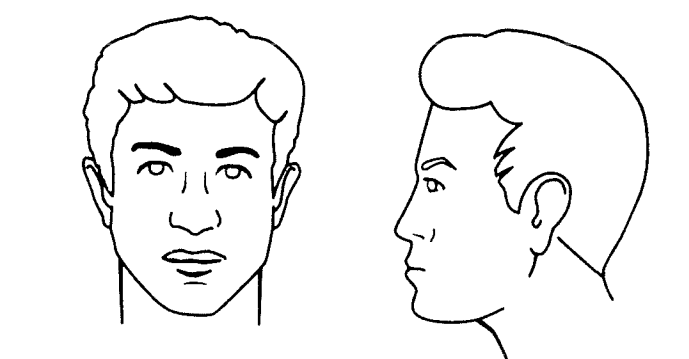
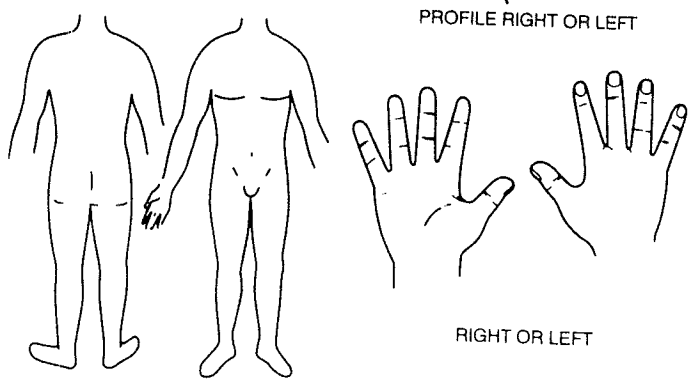


INFIRMARY NURSING PROGRESS NOTES

Date/Time	
12-5-05 11:45	O - B/m up to see m.d. - states "I'm on a hunger strike - I'm not going to eat because I'm scared that DOC will do something to me because I witnessed an altercation" A - Hunger strike P - will observe E - Instructed to let nurse know of any problems M. Benfield
12-5-05 1:55	O - B/m lying in bed - eyes closed - aroused when nurse knocked on door - denies any problems A - altered comfort P - will report to next shift E - Instructed to let nurse know of any problems M. Benfield
12-5-05 4:15	(Q) No statement (Q) B/m sitting on bunk - NAD noted. (A) Alteration in comfort. (P) Cont to Monitor J. Massey

INMATE NAME (LAST, FIRST, MIDDLE) Crayton, Sidney	DOC# 224797	DOB 3-23-76	R/S B/m	FAC V.C.T.
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EMERGENCY

ADMISSION DATE 12/01/05		TIME 0925 AM PM	ORIGINATING FACILITY VCF		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKDA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.2		ORAL RECTAL	RESP 20	PULSE 83	B/P 130/90	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S) States spoke up to DOC officers and feels his life is in danger and pursuing NAAEP for assistance as he feels threatened			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
			 <p>PROFILE RIGHT OR LEFT</p>			
			 <p>RIGHT OR LEFT</p>			
PHYSICAL EXAMINATION D) Wt. 188 - Anxious - Ambulatory States has not eaten or drunk any liquids since yesterday as he feels he is going to be poisoned - States dizziness. Good skin turgor. Mucous membranes moist - yellow. dark urine. Stomach achy from hunger - No tattoos or scars. Denies bruises or injuries.			ORDERS / MEDICATIONS / IV FLUIDS A) Release to DOC Body and P Body Chart Completed P) Release to DOC			
DIAGNOSIS Dr. Ruyafuti notified						
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE 12/01/05		TIME AM PM	RELEASE / TRANSFERRED TO DOC		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Cayle Gordon R		DATE 12/01/05	PHYSICIAN'S SIGNATURE [Signature]		DATE	
INMATE NAME (LAST, FIRST, MIDDLE) Clayton, Sydney			DOC# 224797	DOB 032376	R/S B/m	FAC VCF



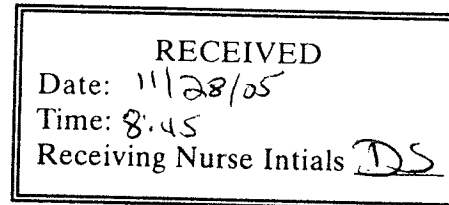
**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Sidney Clayton Date of Request: 11/28/05
 ID # 224747 Date of Birth: 3/23/76 Location: 10B 12B
 Nature of problem or request: I want to be tested for hepatitis A, B, and C. I would also like to be tested for my eyes.

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: 11/28/05
 Time: 4:10 AM ☒ PM
 Allergies: NRDA



(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: 194

(A)ssessment:

(P)lan: Report to HCU, Wed. 11-30-05 @ 9AM
for Appt c DW.

Refer to: ☒ MD/PA ☐ Mental Health ☐ Dental ☐ Daily Treatment ☐ Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

J. Allison
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Nursing Evaluation Tool:

General Sick Call

Facility: VENTRESS	
Patient Name: Clayton, Sidney	
Inmate Number: 224797	Date of Birth: 3/23/76 MM DD YYYY
Date of Report: 11/28/05 MM DD YYYY	Time Seen: 1:10 AM / PM Circle One

Subjective: Chief Complaint(s): Listening for Hip. A, b, c, & legs.

Onset:

Brief History:

(Continue on back if necessary)

the video saw, says get tested first, then get mammal. mammal like to be tested and then be mammal. Almost 4 years time, he read eye chart. but never saw eye doctor.

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98 P: 64 RR: 18 B/P: 130/90

Examination Findings:

(Continue on back if necessary)

Assessment: (Referral Status)

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other:

Preliminary Determination(s):

Attacker in context.

☐ Check Here if additional notes on back

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given

Plan: Check All That Apply

☐ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

(Describe)

OTC Medications given ☐ NO ☐ YES (If Yes List)

Referral: ☐ NO ☒ YES (If Yes, Whom/Where)

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?)

Date for referral: 11/30/05

MM DD YYYY

Time 10:00 AM

x

Nurses Signature

Name:

Printed

Facility: Ventress Correctional Facility

Patient Name: Clayton S. Sney

Inmate Number: 224797 ^{Last}

Date of Birth: 3 ^{First} 12 ^{MM} 26 ^{DD} 2006 ^{YYYY}

Date of Report: 11 ^{MM} 28 ^{DD} 05 ^{YYYY}

Time Seen: 110 AM / PM PM ^{Circle One}

Subjective:

Chief Complaint: (Check All That Apply)

- ☐ Foreign body: ☐ Right side ☐ Left side Foreign body type: _____ or ☐ Unknown
- ☐ Change in vision: ☐ Right side ☐ Left side ☐ Blurred ☐ Decreased
- ☐ Eyelid Complaint: ☐ Right side ☐ Left side (Describe Below)
- ☐ Trauma: ☐ Right side ☐ Left side (Describe Below) Trauma sustained in altercation with custody staff, or other inmate? ☐ NO ☐ YES (Requires notification of correctional staff)
- ☐ Conjunctivitis: ☐ Right side ☐ Left side
- ☐ Seeing spots / flashes / floaters: ☐ Right side ☐ Left side
- ☐ Request for glasses: ☐ No other visual complaint Prior History of glasses? ☐ NO ☒ YES Last time seen by optometrist: Kilby

Associated Symptoms / Additional Eye History

- ☐ Pain: ☐ NO ☐ YES Pain Scale: (1-10) _____ Pain Description: _____ (Itching, Burning, Stinging, etc.)
- Tetanus Toxoid Within 10 years: ☐ YES ☐ NO Recent eye surgery ☐ NO ☐ YES
- Conjunctivitis symptoms: ☐ Hay fever / Allergies ☐ Itchy ☐ Redness ☐ Watery ☐ Redness ☐ Discharge: _____
- History of Glaucoma?: ☐ NO ☐ Yes (taking glaucoma medications? ☐ YES ☐ NO Cataracts ☐ NO ☐ YES
- History of Retinal Detachment?: ☐ NO ☐ Yes (_____)
- History of trauma: ☐ NO ☐ YES Type: ☐ Blunt ☐ Penetrating ☐ Chemical ☐ Other: _____

Onset: _____

History: Red eye, chut @ Kilby last never

(Continue on back if necessary)

Objective:

Vital Signs: (As Indicated) T: 98 P: 64 RR: 18 B/P: 130 / 90 ☐ Check Here if additional notes on back

Visual acuity: R 20/30 L 20/30 (If patient wears corrective lenses acuity should be checked with and without wearing corrective device)

- Periorbital Exam: ☐ Normal ☐ Swelling ☐ Evidence of Infection ☐ Bruising ☐ Other: _____
- Eye Exam: **Normal Findings** **Abnormal Findings**
- Pupil: ☒ PERRL ☐ Pupil unequal/abnormal: _____
- Conjunctiva: ☐ Conjunctiva pink ☐ Conjunctiva Pale ☐ Red ☐ Discharge _____
- Sclera: ☐ Sclera white ☐ Yellow ☐ Red
- Foreign body: ☐ No Foreign body ☐ Foreign body
- Eyelid: ☒ Normal ☐ Red/Discolored ☐ Injury/Lesion ☐ Scaly ☐ Inflamed at margin ☐ Hematoma
- ☐ Drainage: _____ ☐ Sty

☐ Additional Examination: _____
(Continue on back if necessary)

Assessment: (Referral Status)

☐ Referral **NOT Required**

☐ Referral **Required**

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Preliminary Determination(s):

Expedited referral to a clinician except for: isolated itching with normal visual activity or glasses request only.

Alt. in sight
R.T. D. Bureau

Plan:

- Check All That Apply: ☐ Irrigate with sterile H₂O or Normal Saline, check for foreign body or abrasion, antibiotic ointment and patch x 24 hrs
- ☐ Instructions on care/treatment of conjunctivitis
- ☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits) ☐ Instructions to return if condition worsens
- ☐ Other: _____ (Describe)

OTC Medications given ☒ NO ☐ YES (If Yes List) _____

Referral: ☐ NO ☒ YES (If Yes, Whom/Where) Dr. Murray

Date for referral: _____
Time: _____

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?) _____

Nurses Signature

Printed



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Sidney Clayton Date of Request: 11/3/05
ID # 224747 Date of Birth: 8/23/76 Location: _____
Nature of problem or request: I need some more sinus pills.

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____
Time: ____ AM PM
Allergies: _____

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

Waiver Signed

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

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PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

224797

B 23 76

Print Name: DR. J. L. [unclear] Date of Request: 11/3/05
ID # 224797 Date of Birth: 11/23/76 Location: _____
Nature of problem or request: I need some more sinus pills.
aching over Hip. A b, c - legs

DO NOT WRITE BELOW THIS LINE

Date: 11/1/05
Time: _____ AM PM
Allergies: _____

RECEIVED	
Date:	_____
Time:	_____
Receiving Nurse Initials:	_____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

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**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Sidney Clayton Date of Request: 10/19/05
 ID # 224797 Date of Birth: 3/23/76 Location: 10B 12B
 Nature of problem or request: My Sinuses are still acting up.

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: 10/20/05
 Time: 10 5 AM PM
 Allergies: NKDA

RECEIVED Date: <u>10/20/05</u> Time: <u>8.45</u> Receiving Nurse Initials <u>DS</u>
--

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: 190

(A)ssessment:

(P)lan: Expect to HCU Monday 10-24-05 @ 10am.
for Appt to Dr. Rayapoti.

Refer to: ☒ MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.

SICK CALL REQUEST

Print Name: S. H. [unclear] Date of Request: 10-3-05
 ID # 224797 Date of Birth: 3-23-76 Location: 10B12B

Nature of problem or request: I need a stronger dose of sinus pills.
One pill is not helping me. Thank you for your time.

never stopped since last time.
on going sinus for 6 mos. Stronger pill get
after using the first pill but when I stop

DO NOT WRITE BELOW THIS LINE

Date: 10.14.05
 Time: 3:40 AM (PM)
 Allergies: None

<p>RECEIVED</p> <p>Date: <u>10/4/05</u></p> <p>Time: <u>12:45</u></p> <p>Receiving Nurse Initials <u>DS</u></p>
--

(S)ubjective:

(O)bjective (V/S): T: 97° P: 74 R: 20 BP: 130/70 WT: 190

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on-call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Nursing Evaluation Tool:

Upper Respiratory
Complaints

Facility: BBB	
Patient Name: <u>Clayton</u>	<u>Sidney</u>
Inmate Number: <u>224 797</u>	Date of Birth: <u>3 12 31 26</u>
Date of Report: <u>10 10 05</u>	Time Seen: <u>3:40</u> AM <input checked="" type="radio"/> PM Circle One

Subjective: Chief Complaint(s): ☒ Runny/Stuffy Nose ☐ Sneezing ☐ Sore Throat ☐ Swollen Glands ☐ Headache ☐ Fever
(Check All That Apply)

☐ Malaise ☐ Earache Cough: ☐ No ☐ Yes: ☐ Non-productive ☐ Productive: (sputum description): _____

☐ Other: _____

Onset: Chv.

History: Resolving sinus med. jaw
(Continue on back if necessary)

History of Asthma: ☒ No ☐ Yes

Cardiac/CHF history: ☒ No ☐ Yes

History of HIV Disease: ☒ No ☐ Yes

Objective: Vital Signs: (If Indicated) T: 97° P: 76 RR: 20 B/P: 130 184

Eyes: ☐ Clear ☐ Watery ☐ Injected (red) Drainage: ☐ No ☐ Yes: _____

Nose: Congestion: ☐ No ☐ Yes Drainage: ☐ No ☐ Yes: _____

Throat examination: ☐ Normal ☐ Red ☐ Enlarged tonsils ☐ Edematous

Neck: ☐ Normal ☐ Enlarged Lymph Nodes

Lung sounds:

Right		Left
<input type="checkbox"/>	Clear	<input type="checkbox"/>
<input type="checkbox"/>	Diminished	<input type="checkbox"/>
<input type="checkbox"/>	Crackles	<input type="checkbox"/>
<input type="checkbox"/>	Rhonchi	<input type="checkbox"/>
<input type="checkbox"/>	Wheezing	<input type="checkbox"/>

☐ Additional Examination: _____

(Continue on back if necessary)

☐ Check Here if continued on back

Assessment: (Referral Status)

☐ Referral NOT Required

☐ Referral Required referral due to the following: (Check all that apply)

- ☐ Abnormal Vital Signs ☐ Inability to swallow ☐ Significant shortness of breath ☐ Recurrent Complaint (More than 2 visits)
☐ Abnormal Lung exam ☐ Significant Wheezing which does not improve with inhaler ☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

- ☒ Advise rest and oral fluid intake ☐ Warm saline gargles PRN
☐ If no referral is made, advise to return in 3 - 5 days if symptoms have not resolved
☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☒ Other: Call Judge 30 to 45 min. to see if pt get results.
(Describe)

☐ OTC Medications given ☐ NO ☒ YES (If Yes List): Judged 600mg HS x 10d.

Referral: ☒ NO ☐ YES (If Yes, Whom/Where): _____ Date for referral: ____/____/____

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time _____

x

J. Odie RN
Nurses Signature

Name: J. Odie

Printed



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Sidney Clayton Date of Request: 9-29-05
 ID # 224797 Date of Birth: 3-23-76 Location: 10B 12B
 Nature of problem or request: I'm taking Sinus pills every day. The
problem is one pill is not helping me. I need more Sinus
pills to take effect on my Sinus. Thank you

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/30/05
 Time: 4:50 AM PM
 Allergies: NKDA

<p>RECEIVED</p> <p>Date: <u>9/30/05</u></p> <p>Time: <u>12:30</u></p> <p>Receiving Nurse Initials <u>DS</u></p>

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: 191 1/2

Sue Net.

(A)ssessment:

(P)lan: See Dr. Laysan Monday 10-3-05 @ 9am

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

R

J. Allison
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Nursing Evaluation Tool:

Upper Respiratory
Complaints

Facility: BBB	Patient Name: <u>Clayton Sidney</u>
Inmate Number: <u>224 797</u>	Date of Birth: <u>3/23/76</u> ^{First} _{MM DD YYYY}
Date of Report: <u>9/30/05</u> _{MM DD YYYY}	Time Seen: <u>4:50</u> ^{MM} _{AM/PM} Circle One

Subjective: Chief Complaint(s): ☒ Runny/Stuffy Nose ☒ Sneezing ☐ Sore Throat ☐ Swollen Glands ☐ Headache ☐ Fever

(Check All That Apply)

☐ Malaise ☐ Earache Cough: ☐ No ☒ Yes: ☐ Non-productive ☐ Productive: (sputum description):

☒ Other: Smelling of cigarettes smoke, grass.

Onset: 3 days ago

History:

(Continue on back if necessary)

Started working at a Co. jail, but gets worse when I cut the grass, or smell cigarettes smoke.

History of Asthma: ☐ No ☐ Yes

Cardiac/CHF history: ☐ No ☐ Yes

History of HIV Disease: ☐ No ☐ Yes

Objective: Vital Signs: (If Indicated) T: 99.6 P: 68 RR: 28 B/P: 140/80

Eyes: ☐ Clear ☒ Watery ☐ Injected (red) Drainage: ☐ No ☒ Yes:

Nose: Congestion: ☐ No ☒ Yes Drainage: ☐ No ☒ Yes: Sometimes

Throat examination: ☐ Normal ☒ Red ☐ Enlarged tonsils ☐ Edematous

Neck: ☒ Normal ☐ Enlarged Lymph Nodes

Lung sounds:

Right

Left

☒

Clear

☐

Diminished

☐

Crackles

☐

Rhonchi

☐

Wheezing

☐ Additional Examination:

(Continue on back if necessary)

Throat slightly irritated from coughing

☐ Check Here if continued on back

Assessment: (Referral Status)

Preliminary Determination(s): Upper Resp.

☐ Referral NOT Required

☒ Referral Required referral due to the following: (Check all that apply)

☐ Abnormal Vital Signs

☐ Inability to swallow

☐ Significant shortness of breath

☐ Recurrent Complaint (More than 2 visits)

☐ Abnormal Lung exam

☐ Significant Wheezing which does not improve with inhaler

☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Advise rest and oral fluid intake

☐ Warm saline gargles PRN

☐ If no referral is made, advise to return in 3 - 5 days if symptoms have not resolved

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☒ Other: @ Chap request. Inmate to see Dr. Rayapati

☐ OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. Rayapati

Date for referral: 10/3/05

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Time: 9am

X

Nurses Signature

Name:

Printed



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Sidney Clayton Date of Request: 9-12-05
 ID # 224797 Date of Birth: 3-23-76 Location: 10B 12B
 Nature of problem or request: my Seizures are still bothering me.

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/13/05
 Time: 645 AM PM
 Allergies: NKA

<p>RECEIVED</p> <p>Date: <u>9/13/05</u></p> <p>Time: <u>12:00</u></p> <p>Receiving Nurse Initials <u>DS</u></p>

TP
9/14/05

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: 195

(A)ssessment:

See Net.

TP 9/14/05

(P)lan:

clnt L. Floyd Wednesday 9/14/05 @ 11:05 AM

Refer to: MD/PA (Mental Health) Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE
 Check One: ROUTINE (✓) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Nursing Evaluation Tool:

Upper Respiratory
Complaints

Facility: BBB	Patient Name: <u>Clayton</u> <u>Sidney</u>
Inmate Number: <u>224797</u>	Date of Birth: <u>3</u> / <u>23</u> / <u>76</u>
Date of Report: <u>9</u> / <u>13</u> / <u>05</u>	Time Seen: <u>645</u> AM / PM <u>6</u> Circle One

Subjective: Chief Complaint(s): ☒ Runny/Stuffy Nose ☐ Sneezing ☐ Sore Throat ☐ Swollen Glands ☐ Headache ☐ Fever
(Check All That Apply)

☐ Malaise ☐ Earache Cough: ☐ No ☐ Yes: ☐ Non-productive ☐ Productive (sputum description):

☒ Other: not a cold know that its histamines

Onset: approx 1st of the month

History: was drinking better while I was taking the pills

(Continue on back if necessary)

that was ordered but they don't work

History of Asthma: ☐ No ☐ Yes

Cardiac/CHF history: ☐ No ☐ Yes

History of HIV Disease: ☐ No ☐ Yes

Objective: Vital Signs: (If Indicated) T: 98° P: 74 RR: 18 B/P: 120/80

Eyes: ☐ Clear ☐ Watery ☒ Injected (red) Drainage: ☐ No ☐ Yes:

Nose: Congestion: ☒ No ☐ Yes Drainage: ☐ No ☐ Yes:

Throat examination: ☒ Normal ☐ Red ☐ Enlarged tonsils ☐ Edematous

Neck: ☐ Normal ☐ Enlarged Lymph Nodes

Lung sounds:

Right	Left
<input type="checkbox"/> Clear	<input type="checkbox"/> Clear
<input type="checkbox"/> Diminished	<input type="checkbox"/> Diminished
<input type="checkbox"/> Crackles	<input type="checkbox"/> Crackles
<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Rhonchi
<input type="checkbox"/> Wheezing	<input type="checkbox"/> Wheezing

☐ Additional Examination:

(Continue on back if necessary)

was ordered med on 9/12 for sinus which
cannot. States bad, but med non out.

☐ Check Here if continued on back

Assessment: (Referral Status)

☐ Referral NOT Required

☐ Referral Required referral due to the following: (Check all that apply)

☐ Abnormal Vital Signs

☐ Inability to swallow

☐ Significant shortness of breath

☐ Recurrent Complaint (More than 2 visits)

☐ Abnormal Lung exam

☐ Significant Wheezing which does not improve with inhaler

☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☒ Advise rest and oral fluid intake

☐ Warm saline gargles PRN

☐ If no referral is made, advise to return in 3 - 5 days if symptoms have not resolved

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☒ Other:

(Describe)

☐ OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☐ YES (If Yes, Whom/Where):

Date for referral: 9 / 14 / 05

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Time

x

[Signature]
Nurses Signature

Name:

Printed

J. B. S.



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Sidney Clayton Date of Request: 9-7-05
 ID # 824797 Date of Birth: 3-23-76 Location: 10B 12B
 Nature of problem or request: I need to see a doctor on my cold,
(Note) I also have not heard anything about my eye
glasses.

Sidney Clayton
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/8/05
 Time: 4:30 AM ☒ PM
 Allergies: NKDA

<p>RECEIVED</p> <p>Date: <u>9/8/05</u></p> <p>Time: <u>12:30</u></p> <p>Receiving Nurse Initials <u>DS</u></p>
--

9/14/05

(S)ubjective: Have had sinus problem & cough & sneeze
all the time. Need something done. I would
like to know something about my eye glasses.

(O)bjective (V/S): T: 97° P: 80 R: 18 BP: 136/84 WT: 187

Stuffy nasal passage. Sinus problem was
very bad. Had sinus infection. Need something
done. I don't know what was for more than 1 dose.
Heated Maintenance Compromised.

(P)lan: Zyloval 650mg po b.i.d. x 4d
Diclofenac 75mg po b.i.d. x 4d
CTD 4mg po b.i.d. x 4d

Refer to: MD/PA Mental Health Dental Daily Treatment
Ellok

Return to Clinic PRN

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

R

John R. N.

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Print Name: Sidney Clayton Date of Request: 8-10-05
ID # 224797 Date of Birth: 3-23-76 Location: 10B 12B
Nature of problem or request: Eyes checked.

#note I already payed my \$3.00 for this. I have not seen the eye doctor

Sidney Clayton
Signature

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 8/10/05
Time: 12:00
Receiving Nurse Initials DS

(O)bjective **(V/S):** T: _____ P: _____ R: _____ BP: _____ WT: _____

(P)lan:

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
3-9-04	P. Annual physical given - TB
0720	shot given M Beneyield
3/24/05	Annual physical done. TB test given REA. wt. loss noted < 11# 12/17/04. Exmate stated that he had n't been eating. Advised to sign up for sick call if appetite remains poor. ——— Phillip

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
Clayton, Sidney	23479	3/23/76	B/m	vet



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Sidney Clayton Date of Request: 4-2-05
 ID # 224797 Date of Birth: 3/23/76 Location: 10B 12B
 Nature of problem or request: My eyes are getting tired quick.
I'm also having problems reading. I need to get my
eyes checked by a doctor. Thank you.

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/3/05
 Time: 7:15 AM PM
 Allergies: NKDA

RECEIVED Date: _____ Time: _____ Receiving Nurse Initials _____

(S)ubjective: " my eyes get tired too quick "

(O)bjective (V/S): T: 98° P: 75 R: 20 BP: 124/72 WT: 197
200

(A)ssessment: all in health maintenance

(P)lan: To see MD. Watch newsletter

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Sidney Clayton Date of Request: 12-14-04
 ID # 224797 Date of Birth: 3/23/76 Location: 10B 12B
 Nature of problem or request: Shaveing Profile

Sidney Clayton
Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/15/04
 Time: 12:30 AM PM
 Allergies: N/A

RECEIVED Date: <u>12-15-04</u> Time: <u>12:30</u> Receiving Nurse Initials <u>DS</u>
--

(S)ubjective: I need my shave profile renewed

(O)bjective (V/S): T: 98.8 P: 72 R: 20 BP: 110/80 WT: 209

(A)ssessment: request renewal of shave profile, raise
infant areas under neck and on face
skin very all

(P)lan: See Rayapati

(E) Clean shave
before govt

12-17-04 @ 9:00 am

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE (X) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Sidney Clayton-Bey Date of Request: 6-14-04
 ID # 224797 Date of Birth: 3-23-76 Location: 3 Dorm 76B
 Nature of problem or request: Shaving profile

Sidney Clayton-Bey
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6-15-04
 Time: 7:30 AM ☒ PM
 Allergies: NKA

RECEIVED Date: <u>6-14-04</u> Time: <u>12:30</u> Receiving Nurse Initials <u>DS</u>

(S)ubjective: need shaving profile mine is about to expire.

(O)bjective (V/S): T: 98⁶ P: 76 R: 18 BP: 150/90 WT: 220
bp elevated. Profile expires 6-16-04

(A)ssessment: Alt in Comfort.

(P)lan: Dr. Kaysate Friday 6-18-04 @ 10:00 am
bp check x 3 days.

Refer to: ☒ MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

NAPHCARE

PHYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
4/17/02	12:55	Bumps to shaving area. — S — Benck, M
		O - Skin: Bearded area, esp. neck <u>multiple</u> papules & pustules <u>also</u> .
		A/P - (1) Facial Folliculitis / Pustules — Benzoyl / TCN / SP
		E - FM instructed of above POX
		EKG CWP
5/12/03	11:40	C/O dizziness. — Benck, M
		S 2740 PM - C/O headaches + dizziness. Reports having symptoms & zwaks. Reports that BP 120/70. he feels better when he can lay down. States he feels like the room is spinning around him when he is "dizzy." Hx's usually occur to dizziness. no ringing in ears. ⊕ nausea ⊖ vomiting. Reports that this occurs daily.
		O. NAD, VSS. Heart RRR, Lungs - CTA. Neuro intact.
		Romberg ⊖.
		A. Dizziness
		P Motrin 800mg po TID x 14d. EKG ⊕.
		E Return to HCU to dizziness episodes — C. Codrington.
NAME - LAST	FIRST	MIDDLE
Clayton	Silkey	
NC007		224797

DATE	TIME
------	------

NOTES MUST BE SIGNED BY PHYSICIAN

6/18/03

TIME

0850

Shaving profile

Wt 192 B 1/4

BP 140/80

T928

P-62

RIE

5

2740 Bm-

Wants

Shawine

0.000000

Решение:

that he breaks out bad & he thinks
he is allergic to powder - it gives him
blisters.

Q

VSS - NIAO

face - old scarring noted to face - no
papules or pustules seen.

A

Lolliculitis

F

Renew Showing profile to Gerry

E

Med Inst Queen

Corley Cho.

NAME- LAST

FIRST

MIDDLE

AIS #	
-------	--

224797

PHYSICIAN'S PROGRESS NOTES

NC007



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Sidney Clayton-Bey Date of Request: 12-10-03
ID # 224797 Date of Birth: 3-23-76 Location: 3-Dorm
Nature of problem or request: Renew Shaveing profile

Sidney Clayton-Bey
Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/10/03
Time: 645 AM ☒ PM
Allergies: NKA

<p>RECEIVED</p> <p>Date: <u>12-10-03</u></p> <p>Time: <u>12:00</u></p> <p>Receiving Nurse Initials: <u>DS</u></p>

(S)ubjective: 'My shaving profile is about to expire'

(O)bjective wt 192 BP 140/88 P 76 R 20 T
couple dry area on face no redness or drainage
skin intact w/d

(A)ssessment: skin integrity altered

(P)lan: to see Mo Cooley 12-15-03 on Monday @ 830am
Education material given

Refer to: ☒ MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Sidney Clayton-Bey

K Thompson

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

NURSES NOTES

NaphCare, Inc.**Health Services Request Form**Inmate Name Sidney Clayton Date of Request 6/15/03AIS No. 224797 Date of Birth 3/23/76 Housing Loc. 8B21BNature of problem or request My Shaving Profile expired. I
do need another one. Thank you.Sign here for consent to be treated by health staff for the condition described above. Sidney Clayton

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care DocumentationSubjective: not shave facial Bump & shaving
shaving profile denied.Objective: BP 124/80 P 63 R 20 T 97.8 WT 189.15
not shave facial Bump to face & neck areaAssessment: alt in skin integrityPlan: to see Mr. CookRefer to: PA/Physician C. Cook 6/15/03
Mental Health

Dental

Education: _____

Protocol used: (specify)

Signature [Signature] Title [Signature] Time 7:00 PM Date 6/15/03

NaphCare, Inc.

Health Services Request Form

Inmate Name Sidney Clayton Date of Request 5/31/03
 AIS No. 224747 Date of Birth 3/23/76 Housing Loc. 8B 210
 Nature of problem or request Feel Sick Hot Tired Head Ache
Dizzy Nausea Thank you.

Sign here for consent to be treated by health staff for the condition described above. Sidney Clayton

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective:

Objective: BP _____ P _____ R _____ T _____ WT _____

Assessment:

Plan:

Refer to: PA/ Physician Mental Health Dental

Education: _____

Protocol used: (specify) _____

Signature _____ Title _____ Time _____ Date _____

NaphCare, Inc.

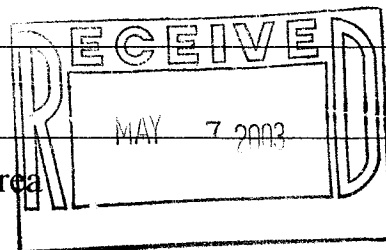
Health Services Request Form

Inmate Name Sidney, John Date of Request 5-20-03
 AIS No. 20197 Date of Birth 3/22/70 Housing Loc. 2B 23
 Nature of problem or request I feel sick, no food

Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE



Health Care Documentation

Subjective: I have been sick for about two weeks off and on

Objective: BP 150/90 P 76 R 18 T 97.8 WT 180
no vomiting, no he nauseated, abd. soft nondistended
Last BM - 5:00 PM, bowel sound present in all four
quadrants

Assessment:

Plan: See Dr. Darboze
5-12-03

B/P V x 3 days BID

Refer to: PA/Physician Mental Health Dental

Education: nausea/vomiting educational given &
explained, B/P V x 3 days BID

Protocol used: (specify)

Signature J. Mark RM Title LPN Time 1850 Date 5-7-03

**NAPHCARE
HEALTH SERVICES REQUEST FORM**

Print Name: Sidney Clayton Date of Request: 12-13-02

ID#: 224292 Date of Birth: 3/23/76 Housing Location: 7

Nature of problem or request: Need to talk to Doctor about
cream for cream for my profile

Sidney Clayton
Sign here for consent to be treated by health staff for the condition described

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: I need some cream for face

Objective: BP 130/80 P 70 R 20 T 98° wt 183

Noted multiple bumps to face, chin R/T
shaving - Inmate has shaving profile @ this
time.

Assessment: all skin integrity

Plan: See Mrs King CRNP
key appt

Refer to: PA/Physician 12/14/02 Mental Health Dental

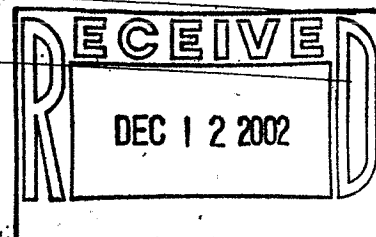
Signature: [Signature] Title: Date: 12/14/02 Time: 1942

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: Sidney Clayton Date of Request: 12/12/02
ID#: 224797 Date of Birth: 3/23/76 Housing Location: 7 Dorm
Nature of problem or request: I need some medicine cream for
my rash on my neck, Thank you

Sidney Clayton

Sign here for consent to be treated by health staff for the condition described



PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

Subjective:

HEALTH CARE DOCUMENTATION

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

NCO40

HEALTH SERVICES REQUEST FORM

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring
Facility:

Kilby

Date: 12/10/02
Time

Allergies

Food Handler Approved Y / N

Name

AIS

Age

Race

Date of Birth

Sex

Clayton, Sidney

024747

3

B

3-23-76

M

Current Acute Conditions/Problems:

Chronic Conditions/ Problems:

Current Medications- Name, Dosage, Frequency, Duration:

Acute short term medications

Chronic Long Term Medications

Chronic Psychotropic Medications

Current Treatments

Follow up care Needed

Last PPD 12/3/02 Results

mms Last Physical 12/3/02

Chronic Clinics

Specialty Referrals

Significant Medical History

Physical Disabilities/Limitations

Assistive Devices/Prosthetics

Glasses

Contacts

Mental Health History/Concerns

Substance abuse Y/N

Alcohol Y/N

Drugs Y/N

Hx Suicide Attempt Date

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Signature/Title/Date

Graves, RN 12/10/02

Transfer Reception Screening

Date 12/11/02 Time 1:55 PM

S: Current complaint need transfer
face

Current medications/Treatments

Shaw profile

O Physical Appearance/Behavior

D scars

Deformities: Acute/Chronic

P 60 R 20 B/P 170/88 wt 183

A

Abt 10/10/02

P Disposition (Instructions: Check or
circle as appropriate)

Routine sick call Instructions given

Emergency referral

HIV/TB Instructions given

Physician referral

Urgent / Routine

Medication Evaluation

Work/Program Limitation

Special Housing

Specialty Referrals

Chronic Clinics

Mental Health

OTHER

Infirmary Placement

Receiving Facility:

UCF

Signature/ Title:

W. S. Johnston, Jr.

Last	First	Middle Initial	AIS #
Name			
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Last	First	Middle Initial	AIS #
Name			
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Last	First	Middle Initial	AIS #
Name			
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

Last	First	Middle Initial	AIS #
Name			
Date	Allergies		Facility
SIG.			Discontinue
			Continue
			Increase
Physician Signature:			Decrease

NC002

NAPHCARE
HEALTH SERVICES REQUEST FORM

P/E

Print Name: Sidney Clayton Date of Request: 12-4-02

ID#: 224797 Date of Birth: 3/23/76 Housing Location: E. Dorn

Nature of problem or request: Nack and my face is broken out and
very SORE I need a profile.

Sidney Clayton
Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: face sore + pain from shaving

Objective: BP 130/80 P 88 R 20 T 98.6

Assessment: Alliteration in comfort R/T painful shaving

Plan: See CRNP

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

PHYSICIAN'S PROGRESS NOTE

[illegible]

Facility Name: <u>VCF</u>											Month/Year of Charting: <u>Nov 05</u>																					
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Sudafed 30mg ÷ PO Bid prn X 1 mo	3am																															
	3pm																															
Start Date: <u>10-4-05</u>											Prescriber: <u>Rayapati</u>																					
Stop Date: <u>11-04-05</u>											RX #:																					
CTM 8mg ÷ PO HS X 10 days	3p																															
Start Date: <u>10-24-05</u>											Prescriber: <u>Rayapati</u>																					
Stop Date: <u>11-03-05</u>											RX #:																					
Start Date:											Prescriber:																					
Stop Date:											RX #:																					
Start Date:											Prescriber:																					
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Start Date:											Prescriber:																					
Stop Date:											RX #:																					
Start Date:											Prescriber:																					
Stop Date:											RX #:																					

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies <u>UKDA</u>	<u>K. Lee</u>	<u>KL</u>	<u>J. Phidym</u>	<u>JP</u>	1 Discontinued Order
Housing Unit:	<u>J. Appleton</u>	<u>JA</u>	<u>R. Johnson</u>	<u>RJ</u>	2 Refused
Patient ID Number: <u>224797</u>	<u>S. Hince</u>	<u>SH</u>	<u>M. Senefeld</u>	<u>MS</u>	3 Patient out of facility
Patient Name: <u>Clayton, Sidney</u>					4 Charted in Error
					5 Lock Down
					6 Self Administered
					7 Medication out of Stock
					8 Medication Held
					9 No Show
					10 Other

Facility Name: <u>Centers</u>										Month/Year of Charting: <u>Oct-05</u>																																																	
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																												
CTM ÷ PO BID PRN x 1 month										3A																																																	
										3P																																																	
										Start Date: <u>9-20-05</u>										Prescriber: <u>Floyd CENP</u>																																							
										Stop Date: <u>10-20-05</u>										RX #:																																							
Sudafed 30mg ÷ PO BID PRN x 1 mo.										3A																																																	
										3P																																																	
										Start Date: <u>10-4-05</u>										Prescriber: <u>Floyd CENP</u>																																							
										Stop Date: <u>11-04-05</u>										RX #:																																							
Saline Nasal Spray BID x 90d (KOP) PRN										K																																																	
										O																																																	
										P																																																	
										Start Date: <u>10/24/05</u>										Prescriber: <u>Dr. Rayapati M.D.</u>																																							
										Stop Date: <u>11/24/06</u>										RX #:																																							
CTM 8mg po hs x 10d										3P																																																	
										Start Date: <u>10-24-05</u>										Prescriber: <u>Dr. Rayapati M.D.</u>																																							
										Stop Date: <u>11-03-05</u>										RX #:																																							
										Start Date:										Prescriber:																																							
										Stop Date:										RX #:																																							
										Start Date:										Prescriber:																																							
										Stop Date:										RX #:																																							
Diagnosis										Nurse's Signature										Initial										Nurse's Signature										Initial										Documentation Codes									
Allergies <u>NKDA</u>										<u>[Signature]</u>										<u>[Initials]</u>										<u>[Signature]</u>										<u>[Initials]</u>										1 Discontinued Order									
Housing Unit:										<u>[Signature]</u>										<u>[Initials]</u>										<u>[Signature]</u>										<u>[Initials]</u>										2 Refused									
Patient ID Number: <u>224797</u>										<u>[Signature]</u>										<u>[Initials]</u>										<u>[Signature]</u>										<u>[Initials]</u>										3 Patient out of facility									
Patient Name: <u>Clayton, Sidney</u>										<u>[Signature]</u>										<u>[Initials]</u>										<u>[Signature]</u>										<u>[Initials]</u>										4 Charted in Error									
										<u>[Signature]</u>										<u>[Initials]</u>										<u>[Signature]</u>										<u>[Initials]</u>										5 Lock Down									
										<u>[Signature]</u>										<u>[Initials]</u>										<u>[Signature]</u>										<u>[Initials]</u>										6 Self Administered									
										<u>[Signature]</u>										<u>[Initials]</u>										<u>[Signature]</u>										<u>[Initials]</u>										7 Medication out of Stock									
										<u>[Signature]</u>										<u>[Initials]</u>										<u>[Signature]</u>										<u>[Initials]</u>										8 Medication Held									
										<u>[Signature]</u>										<u>[Initials]</u>										<u>[Signature]</u>										<u>[Initials]</u>										9 No Show									
										<u>[Signature]</u>										<u>[Initials]</u>										<u>[Signature]</u>										<u>[Initials]</u>										10 Other									

Facility Name:												Month/Year of Charting:																													
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31										
Intralipid 650mg PO B.i.d x 4 days												3a CHICKEN 3p CHICKEN Start Date: 9-8-05 Prescriber: Rayport Stop Date: 9-12-05 RX #:																													
Sudafed 650mg PO B.i.d x 4 days												3a CHICKEN 3p CHICKEN Start Date: 9-8-05 Prescriber: Rayport Stop Date: 9-12-05 RX #:																													
CTM 4mg PO B.i.d x 4 d												3a CHICKEN 3p CHICKEN Start Date: 9/8/05 Prescriber: Rayport Stop Date: 9/12/05 RX #:																													
Sudafed 30mg PO BID x 7 days												3a CHICKEN 3p CHICKEN Start Date: 9-14-05 Prescriber: L. Floyd CRP Stop Date: 9-21-05 RX #:																													
Cough Syrup PO BID x 10 days												3a CHICKEN 3p CHICKEN Start Date: 9-14-05 Prescriber: L. Floyd CRP Stop Date: 9-24-05 RX #:																													
CTM PO BID x 7 days												3a CHICKEN 3p CHICKEN Start Date: 9-14-05 Prescriber: L. Floyd CRP Stop Date: 9-21-05 RX #:																													
Diagnosis												Nurse's Signature										Initial										Documentation Codes									
Allergies												Nurse's Signature										Initial										Documentation Codes									
Housing Unit:												Nurse's Signature										Initial										Documentation Codes									
Patient ID Number:												Nurse's Signature										Initial										Documentation Codes									
Patient Name:												Nurse's Signature										Initial										Documentation Codes									
Date of Birth:												Nurse's Signature										Initial										Documentation Codes									